

# City of Miramar / Miramarvels Early Childhood Academy

## Child Care Application for Enrollment #1 / SY 2017-2018

### Student information:

Password: \_\_\_\_\_

Name: \_\_\_\_\_  
First Last Middle Nickname

Child's Physical Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (circle) Male or Female

Date of child's first day of attendance: \_\_\_\_\_

Primary hours of care: From: \_\_\_\_\_ To: \_\_\_\_\_

Days of the week in care: M T W TH F

Meals typically served while in care: BR AM Snack Lunch PM Snack

### Family Information:

Child Lives with: (circle) Mother Father Both Other: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Custody: (Circle) Mother Father Both Other: \_\_\_\_\_

**Medical Information:** I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

**Doctor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Dentist:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list allergies, special medical or dietary needs or other areas of concern: \_\_\_\_\_

A letter from a Doctor is required for all alternative dietary needs and medical requirements. Additional paperwork may be required.

**Contacts:** Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, emergency, if for some reason the custodial parent or legal guardian cannot be reached:

**Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

- For preschool aged children: a current physical examination (form 3040) and immunization record (form 680 or 681) must be on file.
- Both parents must sign and agree to the information provided on this Application for Enrollment. If a parent is unable to provide a signature, written notification as to the reason the signature is not available must be submitted on a City provided form.
- The information requested on the Free and Reduced-Price Meal Application is necessary so that the center may receive reimbursement for meals served to your child. Free and Reduced price Meal Applications will be placed in our files and treated as confidential information.
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) and the Influenza Virus, The Flu, A Guide to Parents.
- My signature below verifies receipt of the brochure and the Early Childhood Parent Handbook and understand the rules, policies and procedures that govern our program. This information includes the school readiness expulsion policy, the discipline policy and financial information.

Mother's Signature **Required:** \_\_\_\_\_

Date

Father's Signature **Required:** \_\_\_\_\_

Date

**CITY OF MIRAMAR  
RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT**

INSTRUCTIONS: Complete one for each participant.

DESCRIPTION OF ACTIVITY: Early Childhood Academy – School Year 2017-2018

DATE OF ACTIVITY: August 21, 2017 through August 31, 2018

PARTICIPANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ WORK TELEPHONE # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ HOME # \_\_\_\_\_ WORK# \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

The undersigned agrees that the City of Miramar and its officers, agents and employees will not be held liable for injuries or other loss which may occur as a result of my participation in the above activity, and that the undersigned voluntarily assumes the risk of any loss, injury or damage to person or property, which in any way arises out of participation in said activity.

Further, the undersigned **WAIVES ANY CLAIM** against the City of Miramar and its officers, agents and employees arising from loss, injury or damage and does **COVENANT NOT TO SUE** the City of Miramar and its officers, agents and employees.

Further, the undersigned agrees to **RELEASE, IDEMNIFY, AND HOLD HARMLESS** the City of Miramar and its officers, agents and employees from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above-described activity.

This indemnification and hold harmless shall continue notwithstanding any negligence or comparative negligence on the part of the City of Miramar relating to such loss, injury or damage.

I hereby give permission for the City of Miramar and its officers, agents and employees to call my physician and/or arrange for transportation to a hospital in the event of any injury, although I understand that the City of Miramar and its officers, agents and employees assume no responsibility to do so. I accept full financial responsibility for payment of any and all medical services rendered.

I hereby agree that this Release Form shall be binding on my heirs, successors and assigns.

The undersigned has fully read, understood and agrees to each and every term contained in this Release, Waiver and Indemnification Agreement.

DATE _____	SIGNATURE _____	CITY, STATE, ZIP CODE _____	TELEPHONE _____
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WITNESS \_\_\_\_\_

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

WITNESS \_\_\_\_\_

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY OF MIRAMAR

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**INFORMED CONSENT FORM (CHILD) ADDENDUM**

I/We, \_\_\_\_\_, being the parent, legal guardian or custodian of \_\_\_\_\_, hereby give my consent to the City of Miramar to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I further give consent for my child to be transported by ambulance and for hospital to administer necessary treatment if the situation warrants it.

**Name of Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Date of Last DPT or Tetanus:** \_\_\_\_\_

I/We further agree to indemnify and hold harmless the City of Miramar from any and all claims/and/or liens.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Notary Use*

**IN WITNESS WHEREOF**, we have hereunto set our hands and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**I HEREBY CERTIFY** that on this day before me, a Notary Public duly authorized to take acknowledgements in the State and County aforesaid, personally appeared \_\_\_\_\_ who is/are personally known to me or who have produced her/his/their driver license(s) and who executed the foregoing informed Consent Form and he/she/they acknowledged before me that he/she/they executed the same.

**WITNESS** my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of NOTARY PUBLIC, State of Florida

\_\_\_\_\_  
Print Name of Notary as Commissioned

My Commission Expires: \_\_\_\_\_

**City of Miramar Miramarvels Early Childhood Academy**  
**Rules of Conduct / Discipline Policy**

Children of all ages in the city program are disciplined in the same manner. The following policy will govern the types of discipline to be administered in the event a child becomes unruly or his/her actions interfere with the classroom or outdoor functions of the program.

1. Teachers discipline children by using positive redirection. Positive discipline teaches children where limits are set, how to maintain control of their bodies, and how to problem solve in the event of conflict.
2. A child shall not be subjected to severe, humiliating or frightening discipline.
3. Discipline shall not be associated with food, rest or toileting.
4. Children may not be denied active play as a consequence of misbehavior.
5. A discipline record shall be kept on file in the office for any major or constantly recurring problem.
6. If necessary, the problem shall be discussed with the parents.
7. Spanking or any form of physical punishment is prohibited.
8. If a child becomes a problem to the point of considering dismissing the child from the program, the following procedures shall be implemented:
  - a) Meeting with the parent(s) and discuss the reason for considering dismissal.
  - b) Explore all avenues for positive corrective action.
  - c) Allow a probation period for corrective action.
  - d) Dismissal action should be taken only as a last resort.
  - e) Parent(s) shall be given a written notification of the reason(s) for dismissal.
9. Weapons
  - a. Under no time is it appropriate for any child to possess or bring any weapon of any kind into a program facility.
  - b. Possession of a weapon shall be defined as knowingly, intentionally, deliberately, or inadvertently (without meaning to do it) bringing a weapon onto City property, program facilities, or any program sponsored activity.
  - c. Parents are to be immediately notified and the child placed under constant supervision from the site supervisor, or designee.
  - d. Disciplinary action up to and including expulsion from any and all City run child care programs may be taken.
10. Policy and Procedures
  - a. The City of Miramar reserves the right to dismiss any participant or family who does not comply with the policies and procedures of the Early Childhood Program.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL AGREEMENT

### **Payments: Registration, payments and fees are non-refundable and non-transferable.**

- \* All Preschool payments are due, weekly, before your child enters the center on Monday morning.
- \* Afterschool payments are due in accordance with the payment schedule.
- \* Payment schedule is not adjusted for Holidays or children absences.
- \* Payments are due as scheduled, unless previous written arrangements have been made and approved by the Child Care Superintendent. Failure to make payment will result in your child being withdrawn from the program.
- \* **ACCEPTABLE FORM OF PAYMENT IS:** CHECK, MONEY ORDER, VISA OR MASTERCARD. VPK Silver Lakes Elementary location must pay by check or money order. NO CASH WILL BE ACCEPTED.

### **Registration Fees: required at the time of registration**

- \* Preschool registration \$100 per school year.
- \* Preschool Special Activity registration \$10 per school year.
- \* Afterschool registration \$50 per school year.
- \* Spring, Winter, Teacher Planning Day registration \$10 per school year.
- \* Summer Camp registration \$25 per summer.
- \* Registration fees will be pro-rated accordingly as of January 1st for the remainder of the school year.
- \* Re-enrollment fee will be based on the current registration fee.

### **Preschool Payments:**

- \* Full time weekly: Infants \$200, Wobblers \$185, Toddlers \$175, 2-Year-Olds \$155, 3/4-Year-Olds \$145, VPK \$105
- \* Part Time rates are available, see Center Supervisor for availability and pricing.

### **VPK Elementary Site (Silver Lakes) Extended Care Fees:**

- \* Registration \$100 per school year.
- \* Full Time Extended Care: 7:30 a.m. to 6:00 p.m. / \$105 per week
- \* Only Full Time Extended Care includes Special Activity Days
- \* Part Time Extended Care: 7:30 a.m. to 3:00 p.m. / \$85 per week
- \* Part Time Extended Care: 7:30 a.m. to 2:00 p.m. / \$80 per week
- \* Part Time Extended Care: 7:30 a.m. to 9:00 a.m. or 12:30 p.m. to 2:00 p.m. / \$40 per week
- \* Part Time Special Activity Day: \$25 per day

### **Preschool Special Activity Fees:**

- \* All special activity payments must be made in advance of your child participating in the activity.
- \* Child must pay Special Activity registration fee to participate in special activity programs.
- \* An optional graduation fee of \$50.00 for VPK is due in April.

### **Afterschool Payment Schedule:**

- \* \$160 per payment: August 21st, September 18th, October 16th, November 13th, December 11th, January 22nd, February 20th, March 19th, April 23rd, May 21st
- \* \$180 payment is due for the afterschool program at the Youth Center if transportation is included from Sea Castle Elementary.

### **Teacher Planning Day, Spring Camp, Winter Camp:**

- \* Teacher Planning Days \$30 each, Winter & Spring Camp \$150 each.
- \* Payments are non-refundable and due in full at the time of registration.

### **School Readiness:** Refer to your School Readiness agreement for complete policies.

- \* The funding agency will determine your Authorization for Care.
- \* Children receiving funding are allowed three unexcused absences per calendar month, seven excused absences. Fees will be assessed for days not paid by school readiness funding.

### **Returned Checks:**

- \* A fee will be assessed by our finance department for any returned checks.
- \* A money order for the exact amount of the original check, plus the check fee, is due within 3 calendar days of notice in order for your child to continue attending the program.
- \* After 1 returned check on a child's account, all further payments must be paid by Credit Card or Money Order.

**Withdrawal From Program:** Written notification of withdrawal is required two weeks in advance. All applicable fees will be assessed if written notification is not received. Re-enrollment fees will apply if the child returns to the program after official withdrawal.

**Non Residents & Business/Corporate Rates:** An additional 20% will be added to all program fees for Non-residents. An additional 5% will be added to all program fees for Business/Corporate rates.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



Board of County Commissioners, Broward County, Florida  
HUMAN SERVICES DEPARTMENT  
Children's Services Administration Division  
Child Care Licensing and Enforcement Section

**ALTERNATE NUTRITION PLAN**

Name of Facility/Home: Miramar Early Childhood Program

Address: Youth Center, 2001 Douglas Road, Miramar, Florida 33025  
Silver Shores, 15700 Pembroke Road, Miramar, Florida 33027  
Sunset Lakes, 2801 SW 186<sup>th</sup> Avenue, Miramar, Florida 33029  
Fairway Park, 3700 Largo Drive, Miramar, Florida 33023  
\*Silver Lakes Elementary, 2300 SW 173rd Avenue, Miramar, Florida 33029

Dear Parent:

In accordance with the Broward County Ordinances, parents/guardians and Child Care Providers are urged to work cooperatively to assure that children are provided with nutritious snacks and meals when they are not offered by the Provider.

The **facility**/home agrees to provide a nutritious:

(Operator/Director checks those which apply)

XXX **Breakfast**  
XXX **Lunch**  
XXX **Mid-afternoon snack**  
\_\_\_\_\_ Evening snack  
\_\_\_\_\_ No meals or snacks

The **parent** agrees to provide a nutritious:

(Parent checks those which apply)

\_\_\_\_\_ Mid-morning snack  
\_\_\_\_\_ Lunch  
\_\_\_\_\_ Mid-afternoon snack  
XXX **Supper**

I have read the proceeding and agree to meet the child's nutritional needs as defined above.

**\*Silver Lakes Elementary Only**

The **facility**/home agrees to provide a nutritious:

(Operator/Director checks those which apply)

\_\_\_\_\_ Breakfast  
\_\_\_\_\_ Lunch  
\_\_\_\_\_ Mid-afternoon snack  
\_\_\_\_\_ Evening snack  
\_\_\_\_\_ No meals or snacks

The **parent** agrees to provide a nutritious:

(Parent checks those which apply)

XXX **Mid-morning snack**  
XXX **Lunch**  
XXX **Mid-afternoon snack**  
XXX **Supper**

\_\_\_\_\_  
Early Childhood Program - Operator/Director Signature

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# City of Miramar Miramarvels Early Childhood Academy

## Authorization for Field Trip

I/WE, the undersigned, hereby grant my/our child:

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(child's full name)

permission to travel on a Early Childhood Academy sponsored trip to:

- ☐ Fairway Park, 3700 Largo Drive, Miramar 33025
- ☐ Silver Shores, 15700 Pembroke Road, Miramar 33027
- ☐ Sunset Lakes, 2801 SW 186<sup>th</sup> Avenue, Miramar 33029
- ☐ Vicki Coceano Youth Center, 2001 Douglas Road, Miramar 33025
- ☐ Silver Lakes Elementary, 2300 SW 173<sup>rd</sup> Avenue, Miramar 33029

Activities Include: Outdoor recreational courts & fields, playground areas, indoor courts, classrooms and facilities.

Departure: 7:00 a.m. August 21, 2017

Return at about: 6:00 p.m. August 31, 2018

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Parent/Guardian Name (Print)

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Parent/Guardian Signature

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Date



## CITY OF MIRAMAR WEBSITE RELEASE FORM FOR MODELS

<http://www.ci.miramar.fl.us>

I, the undersigned, do hereby give the City of Miramar, Florida ("City"), through its agents, licensees, legal representatives, successors and assignees, including any person acting under its permission and authority, the unqualified, irrevocable right, privilege and permission to use or reproduce my picture, portrait or photograph in all forms and media and in all manners, including composite or distorted representations for advertising, trade, or any other lawful purpose; including unrestricted use for purposes of publicity or promotion; to copyright or otherwise legally register the same in the name of the city or its agents, licensees, legal representatives, successors and assignees, if deemed desirable, in the sole discretion of the City; and to use my name, (or fictional name), likeness, biographic or other information concerning me in connection thereto. I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.

I hereby grant, assign and transfer to the City or its agents, licensees, legal representatives, successors and assignees all my rights and interests therein. I for myself, my heirs, successors, executors, administrators and assignees, hereby remise, release and discharge the City, its agents, licensees, legal representatives, successors and assignees for and from any and all claims of any kind whatsoever on account of use of such photographs of me, including but not limited to any and all claims for damages for libel, slander and invasion of the right to privacy.

I further acknowledge that I am not to receive any financial benefits from the use of my photo in connection hereto.

I have fully read, understood and agree to each and every term contained in this Release.

Check the applicable box:

- ☐ I am eighteen (18) years or more of age, of sound mind and have read and understand this authorization and release.
- ☐ The subject child is a minor and as the parent or legal guardian I consent to the authorization on behalf of the child.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Witness #1

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

### Witness #2

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Amendment 2017-2018

### Physical Activity Participation

In compliance with the updated 2015 Child Care Ordinance the requirements listed below will be met at all City of Miramar Miramarvels Early Childhood Academy Program sites.



- Planned indoor and outdoor physical activity requirements for preschool aged children ages one (1) year and up to enrollment in kindergarten shall include a minimum of forty (40) minutes of combined indoor and outdoor physical activity for every 3.5 hours in care.
- Forty minutes of outdoor physical activity for every 3.5 hours in care is required for elementary school aged children.
- Children will not be prohibited from participating, or required to participate in, any physical activity as a method of punishment.
- Physical activities include but are not limited to: bike riding/ jump rope/ organized ball games/ playground equipment usage/free play/dance

Appropriate dress is required for children at all times. Children should be dressed in weather appropriate play clothes.

Please remember that sneakers or rubber soled shoes provide both comfort and safety. Open toed sandals, shoes or "Crocs" are not acceptable.



Please sign and return this notice to the office. By your signature you acknowledge this policy and the City of Miramar Miramarvels Early Childhood Academy's requirements and responsibilities.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Part One  
Student File



**SWIM Central Water Safety Education Questionnaire**

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email (optional) \_\_\_\_\_

*Your information is for the use of the Broward County Swim Central Program.*

1. How would you rate your own swimming ability?

- ☐ Unable to swim
- ☐ Can swim a little, but NOT comfortable in deep water
- ☐ Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- ☐ Yes
- ☐ No, check all the reasons below that apply:
  - ☐ Do not know how to find information about swim lessons
  - ☐ Swim lessons are not important
  - ☐ Schedule of lessons not convenient
  - ☐ Equipment such as swim suit, towel, goggles too expensive
  - ☐ Transportation problems
  - ☐ Lessons are too expensive
  - ☐ We are too busy

3. Do you or a family member know how to perform CPR with rescue breaths?

- ☐ Yes
- ☐ No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- ☐ Yes
- ☐ No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- ☐ Yes, visit Water SMART Broward Swim Instruction for details.
- ☐ No

**PART ONE FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for Child Care Facilities to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: \_\_\_\_\_ Facility License #: \_\_\_\_\_

Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: \_\_\_\_\_ or, date mailed: \_\_\_\_\_

Fax: 954.357.8077

SWIM Central  
3700 NW 11<sup>th</sup> Place  
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: Water SMART Broward